PTOSSOS (08-03)

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U.S. Parters and Trademark Office; U.S. DEPARTURENT OF COMMERCE

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TO A CONTROL OF COMMERCE

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Under the Papermer PAT	ENT APPLICA	ATION F	EE DETER	OITANIM	N F	RECORD		20%	87,5	783
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY	
FOR NUMBERFACE		RFLED	MAIBER EXTRA			RATE	FEE		RATE	FEE
ASIC FEE					П		s_=_	OR		5
OTAL CLANIS IT CFR 1.16(c))		minus 20 =				x 3 4	•	OR	X 5 2	
DEPENDENT CLAR	45		1		1	* * *		ОЯ	x \$	
31 CFR 1,16(b)) minus 3 /								1		
UL FIPLE DEPENDE	NT CLAIM PRESEN	1 (37)	CFR 1.16(d))		j	+,		OR	<u> </u>	
f the dillerence in c	pluma I is less than	n zero, ente	i ,0, ju captusu <u>1</u>	<b>?</b> .		TOTAL		ÓΩ	TOTAL	L
C	LAIMS AS AME	NDED -	PART II							
3-2-05	(Caturen 1)		(Column 2)	(Column 3)		SMALL	ENTITY	OR		R'THAN ENTITY
	CLAIMS REMAINING AFTER		HIGHEST . HUMBER PREVIOUSLY	PRESENT EXTRA	<b>\</b>	RATE	ADDI- TIONAL FEE		RATE	ADDI- LIONAL FEE
Total  Car cra vieta  Independent  procee eviden	AMENDMENT	Minus '	PAIDEOR	· /		*1	7	OR	× 5 •	
Independent pricra ustog	. / 2	Minus '	7	• /	1	x s •	7	OR	K 5=	
<u> </u>	TATION OF MULTIPLE	- DEPENDA	TO AN DIC	R 1.1865)	1	•••	/	OR		
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5403	(Coksmn 1)		(Cotumb 21-	(Cotumn 3)	•			_	/_	
m .	CLAIMS		HIGHEST	PRESENT	1	RATE	ADD-	7	RATE	ADDI-
	REMAINING AFTER		NUMBER PREVIOUSLY	EXTRA	V	. **** .	TRONAL"	1		TIONAL FEE
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DICTRINGS Z ladependent	1.1.2	Minus	<u> </u>	/	4	X1		OR	1	<del>/                                    </del>
11 (37 078 1,140)	0.		<u>. J</u>		4	K-5 E	···/	OR	***	<del>                                     </del>
FIRST PRESEN	TATION OF MARIPU	E CEPEKOB	O CLARY (37 C	FR photos	J	+1		OR	TOTAL	
1119				•		ADOL FEE	<u>L/··</u>	OR.	ADD'L FEE	
	(Column 1)		(Column 2)	(Column 3)	_			_		
ء المرات	CLARAS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
<u> 1 '/05</u>	AMENDMENT	16	PAID FOR	1.	+	<b> </b>	FEE	-	<u> </u>	FEE
Total (D CFA 1,MCQ  Total (D CFA 1,MCQ  Total (D CFA 1,MCQ  Total (D CFA 1,MCQ	1/8_	Minus	· H	10	1	-		- OR	X1	
CF CFR LIGHT	2	Minus	<u> </u>	10	4	X-1	·	OR:	x s•	<b></b>
FRST PRESE	ITATION OF MULTIPE	A DEPENDE	HT CLANA (SP.E	<b>近日 1.86(成)</b>		•••		OR		
1,19					-	TOTAL ADOL FEE	,	OR	TOTAL.	
" " If the Trighes	column 1 is loss the 1 Number Previous! 1 Number Previous!	Paid For	ON THIS SPACE	E is less than 2	O, e	rates 785.		_		

The "Highest Number Previously Paid For" (Your or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CPR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USFT) to process) an application. Confidentially is generated by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to lake 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Finis will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tradomark Office, U.S. Department of Converse, P.O. Box 1450, Abusandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1459, Abusandria, VA 22315-1450.

U you need as sixtence in completing the form, call 1-500-PTO-9199 and select option 2.